

11

AO 440 (Rev. 05/00) Summons in a Civil Action

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS

SUMMONS IN A CIVIL CASE

CHEIKH MBAYE

CASE NUMBER: 08CV3937

V.

ASSIGNED JUDGE: JUDGE HOLDERMAN

RUTH A. DOROCHOFF, in her official
capacity as District Director of United States
Citizenship and Immigration Services

DESIGNATED
MAGISTRATE JUDGE: MAGISTRATE JUDGE COLE

TO: (Name and address of Defendant)


Ruth A. Dorochoff
District Director, USCIS
101 W. Congress Pkwy.
Chicago, IL 60605

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Law Offices of Kameli & Associates, P.C.
111 E. Wacker Dr., Suite 555
Chicago, IL 60601

an answer to the complaint which is herewith served upon you, within 60 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

Michael W. Dobbins, Clerk



(By) DEPUTY CLERK

July 10, 2008

Date



11

AO 440 (Rev. 05/00) Summons in a Civil Action

RETURN OF SERVICE

Service of the Summons and complaint was made by me⁽¹⁾

DATE

7/11/08

NAME OF SERVER (PRINT)

John Ploss

TITLE

Attorney

Check one box below to indicate appropriate method of service

☐ Served personally upon the defendant. Place where served: _____

☐ Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left: _____

☐ Returned unexecuted: _____

☐ Other (specify): Served via U.S. Postal Service certified mail

7004 2510 0001 9715 4839 sent 7/11/08.

See attached.

STATEMENT OF SERVICE FEES

TRAVEL

SERVICES

96.07

TOTAL

96.07

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

8/5/08

Date

Signature of Server

FILED

AUG 07 2008 T.C.

AUG 7, 2008

MICHAEL W. BOBBINS
CLERK, U.S. DISTRICT COURT

Address of Server

Kameli P. Associates, P.C.

111 E. Wacker Dr., # 555
Chicago, IL 60601

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>X <i>B. K. L.</i></p>	
<p>1. Article Addressed to:</p> <p><i>Ruth A. Dorochoff</i> <i>District Director, USCIS</i> <i>101 W. Congress Parkway</i> <i>Chicago, IL 60605</i></p>		<p>B. Received by (Printed Name) <i>B. K. L.</i> C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p> <p><i>7004 2510 0001 9715 4839</i></p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p><i>W. Cherah Mbaye</i></p>			

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7004 2510 0001 9715 4839

U.S. Postal Service
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.

OFFICIAL USE

Postage	\$ 1.17
Certified Fee	\$2.70
Return Receipt Fee (Endorsement Required)	\$2.20
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.07

Postmark Here

02/11/2004

W. Cherah Mbaye

Sent To: *Ruth A. Dorochoff / Dist. Dir. USCIS*

Street, Apt. No., or PO Box No. *101 W. Congress Parkway*

City, State, ZIP+4 *Chicago, IL 60605*

PS Form 3800, June 2002 See Reverse for Postage Items